



The Curative Power of Groups

interview with Edith Springer

Edith Springer, A.C.S.W.

Edith Springer founded the New York Peer AIDS Education Coalition, an HIV prevention organization for urban youth. She also helped create the Harm Reduction Coalition of New York and the Harm Reduction Training Institute in New York City. Below are excerpts from an interview with Ms. Springer.

I like to work with clients who have not been tested for HIV in a group for up to six weeks, getting them ready to take the test. A group is the best place to clarify risk, hash out fears and misconceptions, and begin building a support system for clients. When somebody brings up a problem we can solve it right there: “My husband would kill me if I asked him to wear a condom.” Involve the group by suggesting, “OK, let’s role play. You be your husband. Who wants to be so-and-so?” If there are no volunteers, the group leader says to the fearful wife, “You play your husband; I’ll play you.” As people work together week after week, they realize that they *want* to help each other.

In a group, peers can challenge each other’s denial and rationalizations when it would be inappropriate for a worker to do so. I once had a young gay man say in a group that he didn’t use condoms because his religious beliefs are such that his God would not let him get HIV. He had seen many people succumb to AIDS in his community and even in his own family. Although he was not mentally ill, he was using denial and a delusional belief system to avoid facing his own fears about HIV. While I could not confront that directly, his peers helped him to see the irrationality of his position.

When leading a group, some people talk *at* clients rather than having a conversation with them. I usually start by telling the group, look, this is what I do: “I’m not your drug treatment person, I’m the HIV counselor and this is how I can be of service to you: I can educate you about HIV and how to protect yourself from getting the virus; I can give you the test if you want it; and if you test positive, we can talk about follow-up care.”

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“But what I want to talk about now is how does it *feel* to be in this program?” The first strategy is to find out where the client is and meet them there. I ask, “Were you mandated here? Did you come here on your own?” I focus on them and engage them by listening actively, summarizing, and empathizing with what they tell me. “I don’t really want to be here, but I want my kids back.” If she’s angry about having to be in group, start there. If she has issues about the program, start there.

Another question I always ask is, “Do you think this treatment is going to help you?” I ask this to gauge where they are in the context of the program. If they have hope that the treatment may work, they are open to being helped and to changing, which tells me that they may be open to HIV prevention messages as well. If they are unhappy about the program and have no faith in the treatment, they will probably feel the same about HIV prevention.

For more on the power of groups to heal, see *The Theory and Practice of Group Psychotherapy* by Irvin Yalom, often considered the Dean of Group Psychotherapy. Among the curative factors of groups identified by Yalom are:

Instillation of hope: faith in the treatment process

Altruism: receiving through giving

Group cohesiveness: a sense of solidarity

Universality: a sense that one’s problems are not unique.

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